

Case Number:	CM14-0001295		
Date Assigned:	01/22/2014	Date of Injury:	11/15/2012
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female who reported injury on November 15, 2012. The mechanism of injury was the injured worker slipped and fell off a chair and landed on concrete. Prior treatments have included an epidural steroid injection at left L5-S1. The epidural gave the injured worker 10 days of relief. The injured worker underwent an MRI of the lumbar spine on June 24, 2013, which revealed moderate spondylosis posteriorly at L5-S1 with a shallow broad-based disc protrusion and with the disc in contact with the traversing S1 nerve roots. The injured worker underwent a lumbar spine 2 to 3 view limited x-ray on April 23, 2013, which revealed mild hyperlordosis with evidence of lumbosacral spondylosis at L5-S1. The injured worker had physical therapy and traction. The examination of September 24, 2013 revealed that the injured worker had a left-sided straight leg raise that had a positive stretch. There was no reproducible pain in the lower extremities. The recommendation was for a selective nerve root block at S1 and an L5-S1 transforaminal epidural steroid injection. The diagnoses included back pain, lumbar spondylosis and broad-based disc protrusion. The complete treatment plan was an L5 and an S1 nerve root block, transforaminal epidural steroid injection followed by physical therapy for 4 weeks and if the injured worker's pain minimally recurred another set of the injections. The documentation of November 15, 2013, by way of initial consultation, indicated the injured worker, prior to the injury, had been completely unrestricted in activities. The injured worker reported that pain limited sitting and standing equally. The injured worker was noted to be utilizing hydrocodone, NSAIDs and tramadol with an incomplete relief of pain. The injured worker indicated that she feels weak and numb in the left leg with walking more than even a very short distance. The physical examination revealed diminished sensation in the L4, L5 and S1 distributions. The physician documented that the imaging plain films revealed a collapse at L5-S1 and the MRI reported advanced disc collapse at L5-S1 and bilateral foraminal narrowing at

L5 left greater than right. The treatment plan included a spinal fusion at L5-S1 due to disc degeneration. The physician opined that the injured worker should have another attempt at a steroid injection in the week following the examination. Per the documentation of October 29, 2013, the injured worker had an electromyogram (EMG) of the lower extremities with particular attention to L5 and S1 nerve roots, which was normal bilaterally. The injured worker underwent a second transforaminal epidural steroid injection on November 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L5-S1 ANTERIOR FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The California MTUS Guidelines indicate that there is no good evidence from controlled trials that spinal fusions alone are effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segment operated on. Additionally, they indicate that clinicians should consider a referral for psychological screening to improve surgical outcomes. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be documentation of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise and there should be clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair as well as documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had MRI results that revealed moderate spondylosis posteriorly at L5-S1 with a shallow broad-based disc protrusion; however, there was a lack of documentation of structural instability, spondylolisthesis or severe loss of expected disc height. There was a lack of documentation of electrophysiologic evidence. The physician documentation indicated the injured worker underwent an EMG that was within normal limits. The EMG was not supplied for review. There was a lack of documentation of a failure of conservative treatment to resolve disabling radicular symptoms. It was indicated the injured worker underwent a second epidural steroid injection in November and there was a lack of documentation of the functional benefit and objective pain relief from the epidural steroid injection. There was a lack of documentation or exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for an L5-S1 anterior fusion is not medically necessary.

VASCULAR COSURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: AS THE REQUESTED SURGICAL INTERVENTION IS NOT SUPPORTED BY THE DOCUMENTATION, THE REQUESTED ANCILLARY SERVICE IS ALSO NOT SUPPORTED.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: AS THE REQUESTED SURGICAL INTERVENTION IS NOT SUPPORTED BY THE DOCUMENTATION, THE REQUESTED ANCILLARY SERVICE IS ALSO NOT SUPPORTED.

3 DAY INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: AS THE REQUESTED SURGICAL INTERVENTION IS NOT SUPPORTED BY THE DOCUMENTATION, THE REQUESTED ANCILLARY SERVICE IS ALSO NOT SUPPORTED.

PRE-OP MEDICAL CLEARANCE INCLUDING LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: AS THE REQUESTED SURGICAL INTERVENTION IS NOT SUPPORTED BY THE DOCUMENTATION, THE REQUESTED ANCILLARY SERVICE IS ALSO NOT SUPPORTED.